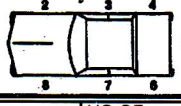
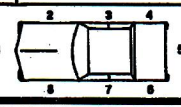


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>15-8921</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - 00 NOT MARK ABOVE																			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>			DATE OF CRASH: DAY <b>5</b> MONTH <b>29</b> YEAR <b>15</b>		TIME: MILITARY <b>2050</b>		TIME: CIVILIAN																
CRASH OCCURRED ON			<b>Lot of Penn Station</b>			WITHIN THE INTERSECTION OF																				
IF NOT IN INTERSECTION			N W S E OF			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE																	
LOG-1		LOG-2		LOC JUR FH'9 FILT																						
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS	1		OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO OR AGENT	<b>American National</b>												
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)			<b>ROSS, Donald</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)						<b>249 S. Main St Springboro OH</b>														
PHONE NO.			<b>614-596-5335</b>			BIRTH DATE	<b>7/7/40</b>		AGE	<b>74</b>		SEX	<b>M</b>		SOCIAL SECURITY NO.	<b>OH</b>		DRIVER'S LICENSE NO.	<b>RN671006</b>		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)			<b>Same</b>			ADDRESS						PHONE			<b>614-596-5335</b>											
VEH YR	<b>05</b>		MAKE	<b>TOYOTA</b>		MODEL	<b>HB</b>		COLOR	<b>Gold</b>		STYLE	<b>HB</b>		STATE	<b>OH</b>		LICENSE PLATE NO.	<b>CE18LJ</b>		TOWING SERVICE			VEH/PED DIR		
CIRCLE DAMAGE AREAS						DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE														
8	UNIT NO.	NO OF OCCUPANTS		1		OPERATING	<input type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO. OR AGENT												
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																				
PHONE NO.						BIRTH DATE			AGE			SEX			SOCIAL SECURITY NO.			DRIVER'S LICENSE NO.			OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE														
VEH YR			MAKE			MODEL			COLOR			STYLE			STATE			LICENSE PLATE NO.			TOWING SERVICE			VEH/PED DIR		
CIRCLE DAMAGE AREAS						DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE														
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE		POSITION		INJURIES															
		ADDRESS			PHONE		SEX		A B C D E F		A B C D E F															
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE		A B C D E F		A B C D E F															
		ADDRESS			PHONE		SEX																			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE		A B C D E F		A B C D E F															
		ADDRESS			PHONE		SEX																			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE		A B C D E F		A B C D E F															
		ADDRESS			PHONE		SEX																			
A B C			INJURED TAKEN TO			By			A B C D E F			A B C D E F														
D E F			INJURED TAKEN TO			By			A B C D E F			A B C D E F														
A B C			OFFENSE CHARGED AND DESCRIPTION			A B C D E F			A B C D E F			A B C D E F														
D E F			OFFENSE CHARGED AND DESCRIPTION			A B C D E F			A B C D E F			A B C D E F														
A B C			RECEIVED CALL			DISPATCHED			ARRIVED			CLEARED			OTHER TIME			TOTAL MINUTES								
D E F			DATE REPORT FILED			PHOTOS			OFFICER'S NAME			BADGE NO.			CHECKED BY											
A B C			<b>6/1/15</b>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<b>Morris</b>			<b>131</b>			<b>10:00</b>			<b>10:00</b>								
D E F			I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN			I NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3-HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION